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ABSTRACT

This monograph describes the strengths and weaknesses of child care services in the Tamil Nadu region of India and suggests directions for the future of child care. Section 1, "Introduction," discusses the role of the government in providing support for child development, highlighting achievements of the State of Tamil Nadu. Section 2, "Governmental Efforts," provides a history of child welfare services, and describes the projects of the Integrated Child Development Services (ICDS) and the Tamil Nadu Integrated Nutrition Projects (TINP). This section also discusses the importance of maternity assistance and training for women. Section 3, "Other Sectors," presents information on the development of child care services for working women with children under 6 years, including those required by statute in factories, mines, and plantations; for office workers, and voluntary creches developed with government assistance. Section 4, "Policy Issues," addresses the need for governments to recognize their role in fostering child development, describes Tamil Nadu's child welfare policy, and details the need, current coverage, and gaps in child welfare services. Section 5, "Implementation Issues," discusses problems in implementing large-scale ICDS and TINP programs, including community mobilization and participation, gaps in coverage, child care worker motivation, and the need for worker training. Section 6, "The Challenge Ahead," provides suggestions for building on present strengths to make further progress in Tamil Nadu, including the use of Total Quality Management, stakeholder participation to build consensus on goals, empowerment of stakeholders and improved accountability, and involvement of non-governmental agencies. Contains 25 references. (KB)

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an overview of child care services in Tamil Nadu

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E. V. Shantha

Monograph No. 7

M. S. Swaminathan Research Foundation

Chennai - 600 113

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Foreword

As India commemorates the 50th anniversary of its independence from British rule, we are reminded of the following words of Jawaharlal Nehru in his speech on "India's tryst with destiny" made at midnight of August 14-15, 1947. "Service to India means the ending of poverty and ignorance and inequality of opportunity". Yet 36 million boys and 42 million girls in the age group 6-11 years are still unable to attend school, according to official statistics published in 1995. The situation with reference to the care of the young child is even worse. This is even more unfortunate since we now know that a child will not be able to achieve its innate genetic potential for mental and physical development, if it is denied adequate nutrition and attention in the preschool years.

It was an act of vision on the part of the founding fathers of our nation to have provided an important place in our Constitution for the care of the child. Several State Governments have tried to convert this constitutional commitment into field-level action plans. Tamil Nadu has been a pioneer in the area of providing effective child care services. Programmes for the young child have also been undertaken by voluntary organisations, representing the commitment of civil society to the young child.

The present paper takes a comprehensive look at these services, with a view to identifying their strengths and weaknesses and to suggest directions for the future. Both the policy and implementation aspects have been considered in detail. I am confident that this paper will provide policy makers, development workers, academic researchers and all interested in the care of the child, with valuable insights into the issues related to services for the young child in Tamil Nadu.

We are greatly indebted to Ms. E.V. Shanta for undertaking this arduous task and for preparing such a comprehensive and well-documented paper. Our sincere thanks go to the Bernard van Leer Foundation for making this publication possible.

M. S. Swaminathan

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I wish to express my profound gratitude to the M.S.Swaminathan Research Foundation for the opportunity to write this report on child care services in Tamil Nadu. I had been associated with the provision of child care services in the past and the present assignment has helped me to look at these services in retrospect and share some of my views on the State's successes and problems in this area. I am particularly grateful to Ms. Mina Swaminathan for the trust and confidence reposed in me to write this report. I particularly value her various constructive suggestions in the course of writing this report.

I wish to acknowledge with gratitude the co-operation from the Director of Social Welfare, and the Project Coordinator, Tamil Nadu Integrated Nutrition Project (TINP) for the collection of data on child care services. I am also grateful to the Joint Secretary of Tamil Nadu State Social Welfare Board, and Indian Council for Child Welfare - Tamil Nadu for providing information required for the study. I am deeply indebted to all my ex- colleagues from the Department of Social Welfare and TINP, especially the innumerable field staff, from whom I have learned a great deal throughout my career.

I wish to thank Dr. Adarsh Sharma, Dr. Amita Verma and Ms. Divya Lata who reviewed the draft. Their valuable suggestions were of help to improve the report. To all the staff of ACCESS at MSSRF who helped me throughout the study, I wish to express my appreciation and gratitude.

E. V. Shantha

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1 INTRODUCTION

The right of every child to a happy childhood in an enabling micro and macro environment is fundamental to human development. Investment in children need not be justified by elaborate arguments on how deprivation in early years affects labour productivity and national economic prosperity. The State, the community and the family are obliged to provide the support for children to grow into healthy and productive adults. In India, the first step in the history of organised childcare support can be traced to the report of the sub-committee of the National Planning Committee of the Congress Party in 1939-40 (Khullar 1991). The various landmarks in the national commitment to children are found in Box 1. Great strides have since been made, going by the growth in the number of childcare programmes and schemes that the Central and the State governments have announced. Yet this acknowledged right to care and development continues to remain an unfulfilled dream to millions of infants and children in the country.

Tamil Nadu situation

In the context of the child's right to care and development, Tamil Nadu ranks among the first few States in several respects, going by many of the child survival indicators like Infant Mortality Rate (IMR), Child Mortality Rate, birth rate, ante-natal care, institutionalised deliveries; as well as child developmental indicators like access to preschool, school enrolment, and retention. Table 1, which compares child survival and development indicators among major States, highlights these achievements. For example, it is now well - recognised that Tamil Nadu has effectively tackled issues of child survival and achieved a commendable decline in infant mortality rate, from 93 in 1981 to 56 in 1993. The State today has more infants moving into the second year of their life than it did ten years ago. Encouraging though such progress may be, it is not enough. The issue now is the quality of life for these infants and young children.

Doing better

The progress of the programmes and schemes which have led to this situation, their successes and failures, and issues of quality, have all been discussed in many forums and documented. "Do better what you have been doing well, if it is the right thing to do" says Peter Drucker, the management guru. Are we indeed doing the right things in childcare, and how can we do them better? Both introspection and vision are needed today for two main reasons.

First, Governments at both the national and the State levels are in the process of finalising the Ninth Plan. Those concerned with the devel-

Box 1 India's Commitment to Children

The Indian Government, and Indian society as a whole have, affirmed their commitment to the welfare of children through various statements of intent from time to time. The Constitution of India places the responsibility for the welfare of the children on the States of the Indian Union. Article 39 of the Directive Principles of State Policy, requires that the State shall, in particular, direct its policy towards securing:

that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter vocations unsuited to their age or strength;

that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

Article 24 stipulates that no child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment. Article 45 requires that the States endeavour to provide free and compulsory education for all children until they complete the age of 14 years.

The National Policy for Children announced in 1974 declares that:

It shall be the policy of the State to provide adequate services to children, both before and after birth and through the period of growth, to ensure their full physical, mental and social development. The State shall progressively increase the scope of such services so that, within a reasonable time, all children in the country enjoy optimum conditions for their balanced growth.

India joined the global community in the successive reaffirmation of global commitments to the cause of children. The SAARC conference on Children at New Delhi (1986) and the SAARC summit that followed, focused on improving the quality of life for children in the region. The UN Convention on the Rights of the Child (November 1989) was ratified in December 1992. The Convention is guided by the principle of a first call for children- a principle that the essential needs of children should be given the highest priority in the allocation of resources at all times. The Convention advocates concrete public action by all individuals and agencies–government as well as non-governmental, local, national, regional and international-to create an environment in which all children are able to live securely and realise their full potential in life. The World Conference on Education for All at Jomtien in March 1990, the Global Consultation on Water and Sanitation in New Delhi in September 1990, the World Summit on Children in September 1990 and the SAARC Summit at Dhaka, followed by the SAARC Summit on Children at Colombo, were all part of the nation's reaffirmation process. The declaration endorsing the summit goals for Child Survival, Protection and Development was signed in November 1990, but the National Plan of Action to reach the summit goals was formulated only in 1992. Many States reaffirmed their commitments by formulating a State Plan of Action during 1993-94.

Table 1 Key indicators of child survival and development for major States

State	Under 5 Mortality Rate	IMR	Percentage coverage for T.T.	Total fertility rate (1992)	Maternal mortality rate	6-14 years girls out of school % (1992-93)
India	109	74	82	3.6	453	41
Andhra Pradesh	91	64	100	2.8	436	45
Assam	142	81	83	3.4	544	34
Bihar	128	70	60	4.6	470	62
Gujarat	104	58	95	3.2	389	32
Haryana	99	65	71	3.8	436	25
Karnataka	87	67	94	2.9	450	36
Kerala	32	13	93	1.7	87	5
Madhya Pradesh	130	106	79	4.4	711	45
Maharashtra	70	50	86	2.9	336	23
Orissa	131	110	77	3.1	738	38
Punjab	68	55	100	3.1	369	22
Rajasthan	103	82	84	4.5	550	59
Tamil Nadu	87	56	100	2.2	376	22
Uttar Pradesh	141	93	78	5.2	624	52
West Bengal	99	58	80	2.9	389	37

Source: The Progress of Indian States -UNICEF, 1995

opment of women and children need to continue to lobby for the allocation of sufficient resources during the next plan period. Second, Tamil Nadu has ushered in Panchayati Raj after a gap of many years and is yet to work out details on transfer of financial and administrative powers in respect of all developmental activities, including childcare, for which the local government institutions are responsible. The one-third reservation for women at the local level has kindled the hope that issues relating to women and children will receive priority in the agenda of local governments and more than neutralise the pressures of structural adjustment. These developments have placed the State at the cross-roads in terms of strategic directions in the area of childcare services. It is hoped that this paper will provide some information and insight into the various issues and encourage debate leading to the further improvement of childcare services in Tamil Nadu.

GOVERNMENTAL EFFORTS 2

In the Indian federal set up, even though the Constitution assigns responsibility for most social sector activities to the States, Central Government policy directives and national goals are very important, with a significant pull and push effect on the States. Tamil Nadu is no exception to this and the Government's child welfare policy in the early years after independence reflected only the national directives.

The beginnings

The history of child welfare services in Tamil Nadu goes back to 1947, when Tamil Nadu became the first State to have a Department of Women's Welfare (Samuel, R 1994). This Department, which later became the Department of Social Welfare, has the main responsibility for all child welfare policies and programmes. During the last few decades, Tamil Nadu has taken the lead in introducing various measures for childcare and is acknowledged as a pioneer in State - sponsored childcare services. The concept of providing centre-based integrated care for children under six years of age led to the establishment of nearly 4600 balwadis as early as the sixties, under the ANP programme. The Noon Meals programme for school children was another intervention towards the welfare of children, though the programme had only limited coverage till 1982. The introduction of the Integrated Child Development Services during the Fifth Five Year Plan (1976) and its subsequent expansion, the World Bank - assisted Tamil Nadu Integrated Nutrition Projects I (1980-89) and II (1990–), and the Noon Meals Programme of the former Chief Minister MGR (1982), have together contributed to the State having one of the most extensive networks of childcare services in the country. In fact, Tamil Nadu's distinction of being a pioneer in childcare services has been mainly due to the massive Noon Meals Programme, to which successive governments have committed a huge portion of the State's welfare budget for nearly two decades now. The various components of the childcare services are briefly described below.

Integrated Child Development Services (ICDS)

Three pilot projects - two rural and one urban - were started in Tamil Nadu in 1976. Further expansion of ICDS in the State coincided with the introduction of the Noon Meals Programme in 1982. ICDS to date remains a centrally sponsored programme with the State governments meeting the supplementary cost of the programme and the centre meeting all other administrative, training and management costs. In reality, the cost of the supplementary programmes works out to be more that 50% of the total. (A brief description of

the project is given in Box 2.) Currently, there are 111 ICDS projects in the State, of which 69 are in rural areas (including 2 tribal blocks) and 42 are in urban slums. Swedish International Development Agency (SIDA) is supporting the ICDS projects in the Districts of Chengalpattu (composite), Nilgiris and Pudukottai by providing additional resources.

Box 2 ICDS in Tamil Nadu

ICDS projects are established at the Block level in rural areas, and at Municipality/Ward level in urban areas. The founding principle is that children need an integrated package of health and nutrition services, and activities for psycho-social and cognitive development. The six elements of the package include supplementary feeding, health check-up, immunisation, referral services, nutrition and health education of mothers, and non-formal preschool education for children 3-6 years.

One Anganwadi centre is established for a population of about 1500 in the rurai areas, and for higher populations in urban slums. Population norms are flexible and relate more to habitations than to number of persons. Yet, in order to be cost effective in a centre-based approach, habitations/hamlets with a population of less than 500 are normally clubbed with adjoining village centres.

ICDS in Tamil Nadu differs from ICDS projects in other States in the staffing pattern, training, supplementary feeding pattern, and the timings. The number of grassroots- level workers and helpers per centre differ among the projects and even among centres of the same project, mostly due to historical reasons of having merged TINP I and ICDS centres, or of having additional helpers for the Noon Meals programme. There are centres with one worker and two helpers; two workers and one helper; two workers and two helpers; and two workers and three helpers! No rationalisation of staffing pattern based on workload has been done due to the reluctance of successive governments and the administration to handle the sensitive issue of worker/helper retrenchment. The supervisor - centre ratio is 1:20 for rural projects and 1:25 for urban areas.

Training for field workers is handled not by AWTCs (Anganwadi Workers' Training Centres) as in the other States, but either through Mobile Team Instructors (in urban areas) or through project-based Instructors/Grade I Supervisors. The Block-level Instructor with an university qualification in Home Science or Social Work is an innovation in the decentralised training approach, based on the lessons learned from TINP. The supplementary feeding programme consists of a roasted cereal-pulse mix sweetened with jaggery for children under three and pregnant nursing women, and a freshly-cooked rice meal for children in the preschool age group. The centres are run for the 3-6 age group from 10 AM to 4 PM.

Box 3 Tamil Nadu Integrated Nutrition Project I

The findings of the Tamil Nadu Nutrition study paved the way for the design of the World Bank - aided Tamil Nadu Integrated Nutrition Project I. The nutrition study showed that even in families with reasonable calorie adequacy, children under two years of age suffered more in comparison to older children and adults, thus breaking the common myth that malnutrition among young children is mainly the result of household food insecurity. Hence the programme design was not skewed towards supplementary feeding but towards educating the family, and more importantly, the mother, for improving infant feeding and weaning practices. Growth monitoring was the cornerstone of the programme and was targeted to children under three years.

One Community Nutrition Centre was set up for a population of 1000, and was managed by a Community Nutrition Worker, a woman from the local community with a minimum educational qualification of eighth standard. Ten CNCs were supervised by a Community Nutrition Supervisor at the Block level, and a Community Nutrition Instructress with qualifications in Home Science or Social Work had the responsibility of training, supervising and monitoring. The administrative responsibilities were given to the Taluk Project Nutrition Officer covering two or three blocks.

The important design features that differed from the ICDS pattern were:

- selective supplementation for a limited period for children in the age group of 6 to 36 months, designed to reduce the project dependency effect. Since the selection for feeding depended on certain criteria based on weight gain and weight for age as indicators of nutritional status, weighing of all children under three at monthly intervals, the first step in growth monitoring, was carried out most successfully.
- a strong communications component with frequent communication programmes and campaigns, using a combination of group and interpersonal communication, which made the project activity - oriented in contrast to the usual welfarist approach.
- the appoitment of a Community Nutrition Instructress at the Block level, with limited administrative tasks, and exclusive responsibility for supervision, monitoring and training. With a limited of basket of tasks, the CNI could make supervision and monitoring effective, and respond to training needs at the grassroots level.

The impact evaluation carried out revealed an appreciable reduction in severe malnutrition, but little or no re-

duction in moderate malnutrition. The reduction in severe malnutrition varied from as much as 40 to 55% among children 6-60 months old, while among children 6-36 months, severe malnutrition fell by 26 to 42% in different project areas (Chidambaram 1989). While about 40% of the children in the age group had been selected for feeding at the beginning of the project, only 23% of those weighed continued to be eligible for feeding at the time of evaluation. This in itself is an indicator of nutritional well-being, as selection for feeding was based on nutritional risk measured by monthly/quarterly weight gains, depending on the age of the child. This brought the feeding costs, and hence the project costs, down over time - a key factor in sustainability. It cost the State only about 9.5 crores per annum to continue project activities after external funding ended, representing <5% of the State's spending on nutrition in 1989-90.

Institutional development in the health and nutrition sectors also received adequate attention. Over 2000 health sub-centres, and ten regional health training centres for training Village Health Nurses (Multi-Purpose Health Workers) were constructed. One Communications and Training centre, built under the project for training of functionaries at all levels serves as the nodal centre for training for TINP II.

Tamil Nadu Integrated Projects I and II

The Tamil Nadu Nutrition Study conducted in the 70's led to the introduction of the Tamil Nadu Integrated Nutrition Project, with credit assistance from the World Bank, targeting children under three years of age. The project covered 173 rural blocks and was operational from 1980 to 89. (A brief description of the project and its and impact is given in Box 3.)

A second World Bank - assisted Project called TINP II is now operational in 316 rural blocks, with 19,500 Community Nutrition Centres. ICDS and TINP II together cover all rural areas in the State, leaving only some urban pockets uncovered for nutrition services for children under three, and pregnant and nursing women. (Box 4 provides an overview of TINP II.) The target group for the second project includes children under six years of age, bringing Early Child Development Services to children 3-5+ years under the project fold. The Noon Meals Programme for children under six years of age has been integrated into either ICDS or TINP, providing supplementary nutrition to children of the preschool age. As of 1997, only about 880 urban centres remain uncovered under either ICDS or TINP.

Noon Meals

The provision of nutritious noon meals for children in the age group of 2+ to 15 years – Puratchi Thalaivar MGR Nutritious Noon Meals Programme was introduced in 1982 by the then Chief Minister of the State, with the

Box 4 Tamil Nadu Integrated Nutrition Project II

A second nutrition project, TINP II was proposed to cover those rural blocks that were uncovered under TINP I for services to women and children, and to consolidate the progress in child development in TINP I areas. Three beneficiary groups were identified - pregnant and nursing mothers, children under three years and children 3-5+ years. The centres for the preschool age group already existing in villages under the Noon Meals Programme were converted to TINP II centres and all services under Project II are delivered from these centres. The objectives of the second project are:

- Ensure child survival, health and development by improving maternal health and nutrition, and consequently child nutrition, from birth.
- Further improve the nutritional and health status of children 0-6 years by
  - preventing the incidence of severe and moderate malnu trition
  - implementing an effective programme for control and prevention of specific infec tious diseases
  - providing prophylactic against specific micro-nutri ent deficiencies.
- Implement an effective preschool programme for children in the age group of 3-6 years.
- Enhance the capability of mother, family and community, including female adolescents, towards improved individual and community health.
- Promote community participation in planning, implementing and evaluating the health, education and nutrition programmes at the grassroots level.
- Provide for manpower development to meet the above objectives.
- Promote operations research to improve the implementation of health and nutrition interventions in the State.

One of the weaknesses of TINP I was the poor health and nutrition coordination at the field level and to tackle this, a joint service delivery approach was included as a key strategy. This included joint training, joint work routines for grassroots-level nutrition and health workers, joint supervision and joint reviews. As an improvement to the Block-level training approach in TINP I, an intersectoral Block Training Team (BTT) was constituted, including a Community Nutrition Instructress, a Community Health Nurse, a Block Extension Educator, and a Block Health Supervisor. This BTT had the responsibility for job and in-service training of all grassroots level childcare workers and joint training with health workers for project activities.

noble objective that no child should go hungry during school hours. At one stroke, this scheme provided an infrastructure for childcare services for children 2+ to 5 years by establishing over 28,000 Child Welfare Centres (CWC), which have now been integrated with ICDS and TINP. The provision of noon meals to children above 5 years is linked to the schools, and there are 37,438 rural and 2082 urban school noon meal centres in the State. Around 78,19,100 school children and 9,67,159 preschool children are covered each day along with 1,25,237 old age pensioners, war widows and destitutes, making an astounding total of nearly 90 lakh persons who receive a noon meal every day in Tamil Nadu.

The political will associated with the programme was instrumental in establishing all the logistics of procurement and supply of ingredients needed for the programme through the Department of Civil Supplies every month. School enrolment is believed to have improved after the introduction of the programme, though the leakages in this large-scale programme have also been documented (Harriss, 1984). But the benefits have far outweighed the problems, and the Government of India has in fact replicated this concept in the centrally - sponsored Noon Meals Scheme introduced nation-wide in 1995.

The number of centres and beneficiaries of ICDS, TINP and Noon Meals Programmes are given in Table 2.

The number of children under three years receiving growth monitoring and other preventive health and nutrition services has grown phenomenally to around 16.91 lakhs, of whom 5.68 lakhs receive a nutritional supplement. But the figures for children attending the preschool are very different from what has been reported earlier. In 1991, it was reported

Table 2 Number of centres and beneficiaries covered by ICDS, TINP and Noon Meals Programme

Programme	*Number of centres*	*Children covered (<3 years)*	*Children covered (3-6 years)*	*Children in school noon meals*	*Pregnant & lactating women*
ICDS	10,090	2,86,829*	3,24,303**	-	1,36,905
TINP	19,500	14,03,976	6,17,956	-	2,94,571
School Noon Meals	39,520	-	24,900@	78,19,105	-
Total	69,110	16,90,805	9,67,159	78,19,105	4,31,476

* *includes children <2 years only*
** *includes children 2+ to 5+*
@ *children in non ICDS / non TINP urban areas*
Source: Department of Social Welfare, Tamil Nadu

(Swaminathan, 1991) that around 20.24 lakhs children (2 to 5+ years of age) benefited from the various feeding programmes in 1989 and this figure was reported to be around 14.81 lakhs in 1992 (Narayanan, 1994). The current data shows that only around 10 lakhs children are in the preschools under TINP/ICDS. This is only about 30% of the children in this age group.

Two factors have contributed to this reduction in the number of children reported in the preschool. First, in 1990, when Noon Meals centres (about 19,000) were integrated with TINP II in 316 rural blocks, only children above 3 years were admitted in the preschool / noon meals and children from 6 months to three years were eligible only for supplementary weaning food. Second, with a proper household survey of the area covered, enrolment of the beneficiaries, and closer supervision under ICDS and TINP, the over-reporting of beneficiaries in the Noon Meals centres was eliminated to a great degree and coverage figures dropped. Added to these is a new dimension of the mushrooming nursery schools in both urban and rural area. The multi-indicator survey (DPH 1995) showed that 47.1% of rural and 33.6% of urban children 2 to 5 years were attending preschools at the time of survey, and 71.1% of rural and 65.0% of urban children in the age group of 5 to 11 years were in the category of children that 'ever went to preschool'. This indicates that a sizeable child population is attending pre-schools outside ICDS/TINP.

Maternity assistance

Both ICDS and TINP have components of ante-natal and post-natal care for mothers and some link up with regular Primary Health Care of the Public Health Department. Besides, supplementary nutrition is offered for selected mothers during the last two trimesters of pregnancy and for six months after delivery. An innovative scheme, *Dr. Muthulakshmi Reddy Ammayar Ninaivu Mahapperu Udhavi Thittam*, to compensate women for loss of wages due to child birth, was introduced in 1988, offering cash assistance of Rs.300 at the rate of Rs.75 per month for the last two months of pregnancy and the first two months after delivery. The benefit is available only to women of poor families whose income does not exceed Rs.12,000 per annum and is available for only two children. A sum of Rs.6 crores is provided for the scheme which reaches 2,90,500 beneficiaries. From 1996, Central Government assistance to the scheme is also being provided as part of the national programme.

Training for women

While TINP and ICDS have a component of information, education and communications, (IEC) in the programme, training on childcare and development has also been organised for women's groups formed under various projects. Notably, the groups under the International Fund for Agricultural Development (IFAD) project of the Women's Development Corporation have been trained in aspects of maternal and child health and care. This effort of mainstreaming childcare issues into programmes for economic development for women is a progressive step that will ensure that infants and children benefit from the increase in resources available to mothers.

Table 3 Budget allocations for major childcare services in Tamil Nadu

Rs. in lakhs

Programme/Scheme	*94-95*	*95-96*	*96-97*
ICDS	2262.35	4224.79	4338.45
TINP	6340.00	7580.27	8425.69
School Noon Meals	4484.81	5982.12	7466.28
Maternity Assistance Scheme	598.77	587.65	871.50
Creches (State Government)	3.57	10.86	10.86

Source: Department of Social Welfare, Tamil Nadu

Implementing responsibilities

While all the childcare services fall under the responsibility of the Department of Social Welfare, the implementation responsibilities are compartmentalised mainly in two Directorate – the Directorate of Social Welfare implementing the ICDS programme, the Noon Meals Programme and other schemes for child and woman welfare; and the Project Coordinator for TINP implementing TINP. The Directorate for Rehabilitation is also involved, running special preschools and schools in limited numbers, besides training programmes on early detection and rehabilitation of disabilities.

Financial allocations

In conclusion, it can be said that real per capita social sector expenditure in Tamil Nadu is higher than in many other States (Prabhu and Chatterjee, 1993), with the development expenditure pattern moving towards that in Kerala. Further, Tamil Nadu spends around 9% of all social services expenditure in the nutrition sector. The budget allocations for some of the childcare services during the last few years are presented in Table 3. The massive expenditure on services for the child is one indicator of the Government's concern for children. The outcomes, in terms of achievements and limitations, are discussed later.

OTHER SECTORS 3

The demand for childcare services as support to working women has resulted in the growth of crèches for children under six. These include statutory crèches in the organised sector - factories, plantations, mines and a few other establishments employing women; crèches run by voluntary agencies with or without support from the government; and private crèches and preschools run along commercial lines. Information available on the numbers of children served by these crèches, especially those run with assistance from religious or denominational charities, charitable trusts and donor agencies, is far from sufficient to identify the gaps in coverage. On the quality of services, the range is from mere custodial care of infants to comprehensive Early Childhood Development Programmes. Going by available reports, the crèches offering only custodial care are far greater in number than those that have elements of a more comprehensive programme.

Statutory crèches

Provisions in the Factories Act (1948), the Mines Act (1950) and the Plantations Act (1951), make it mandatory for managements to establish a crèche for children of women employed by them. Several lacuna have been identified in these provisions (Swaminathan, 1993). The stipulation of a minimum number of women workers for the law to become applicable has not only made evasion easy, but limits the eligibility of women who can benefit. Changing economic conditions have forced more women into the tertiary sector, where there is no legislation for childcare. Though most of the trade unions have not evinced much interest in the enforcement of these provisions, some plantation workers, unions and UPASI (United Planters Association of South India) have taken the lead in promoting labour health and welfare. The Comprehensive Labour Welfare scheme(CLWS) launched by UPASI offered a package of maternal and child health services, including crèches, to estate workers.

In a study of plantation crèches, Swaminathan (1989a) reported that there may be around 250 to 300 crèche units, covering about 490 tea plantations, in Tamil Nadu. The study inferred that reach and coverage are poor, with only about 15-16% of regular women plantation workers being entitled to the services and only about 50% of the 'entitled' children using the crèche. The quality of care varied from best to worst, most crèches only providing custodial care, with very little effort to stimulate all - round development of children. Interestingly, more infants than preschoolers were attending these crèches. This picture is in contrast to what has been reported in the case of crèches run by voluntary

agencies (Paul 1995) where the crèches were serving negligible numbers of infants and were more like preschools in terms of the activities offered. The fact that the plantation crèches are work-place crèches, that mothers prefer to have their infants near at hand, and that the preschool component in these crèches was not well-developed, might have influenced this pattern of utilisation.

Crèches in offices

A few work-place crèches for children of women employees in government, semi-government and public sector offices have come up, largely through the voluntary effort of women's associations in these organisations and the leadership of a few committed individuals. The Working Women's Association (WWA) set up two decades ago by Dr. A. K. Marikar, former Director – General of Medical Services of Tamil Nadu, has provided leadership and support for starting many of these crèches. Ten such non-statutory crèches are reported to be functioning in Madras (Swaminathan, 1989b). Most of them have trained staff. It was also reported that children under three are in the crèche for the whole day, and most of the children above three attend a regular nursery school and stay in the crèche only in the afternoons. While statutory crèches are free, most of these crèches charge a nominal amount for services, as there is little or no financial support from the managements. Swaminathan (ibid) observed that in most of these crèches, children's physical needs were well taken care of, while the same cannot be said about other developmental needs.

The voluntary sector

The scheme of assistance for creches for working/ailing mothers, launched in 1974, provides assistance to crèches for children under six years from poorer sections of the community and is intended to benefit women workers in the unorganised sector. The gap between need and response becomes evident from the fact that only about 12,500 crèches were reported to be working in the whole country in 1996. In Tamil Nadu, there are only 828 crèches receiving assistance from Central Social Welfare Board, covering 20,700 beneficiaries (SWB-TN, 1997), and another 110 crèches under the same scheme operated by the Indian Council of Child Welfare [ICCW]. The district-wise distribution of these crèches is given in the Annexure. The State government has also made a beginning by sanctioning 17 crèches in 93-94, 25 in 95-96 and another 75 in 96-97 (totalling 117) with funding from the National Crèche Fund. The number of crèches without government aid is not available, but may not exceed another thousand. The unmet demand can easily be visualised when one considers that there are 57 lakh working women in Tamil Nadu, of whom 50.73 lakh (89%) are in the unorganised sector.

Most of the aided crèches depend almost entirely on the assistance provided by this scheme. As these resources are very limited, the quality of the programme is affected. The crèches lack infrastructure or trained staff needed to promote the all-round development of children, and hence offer mostly custodial care, and in some

cases, formal teaching of the 3 Rs for preschoolers. The inadequate and unimaginative funding, staffing and training, and the resultant low quality of many of these crèches have been well documented (Paul, 1994; Swaminathan, 1985, 1993).

The private sector

Day care facilities commercially run in the private sector are concentrated in urban areas and there is very little information available on the number, nature and quality of these facilities. It is very likely that where facilities are of reasonable quality the charges may be well beyond the reach of even the middle-class working women. At any rate, these institutions do not cater to the needs of poor working women in the unorganised sector and their children.

4 POLICY ISSUES

Most of the problems relating to the unmet demands for childcare stem from failure to acknowledge the diverse needs of all the stakeholders for childcare services. There is increasing scientific evidence to show that brain development before the age of one is more rapid and extensive and is much more vulnerable to environmental influence than previously realised. The Carnegie Task Force on Meeting the Needs of Young Children (1994) has not only emphasised the importance of quality early child development programmes for children's psycho-social and cognitive development, but has also pointed out that children who are subjected to extreme stress in their earliest years run the risk of experiencing a variety of cognitive, behavioural and emotional difficulties later in life.

Who needs the services?

At the same time, support for childcare is one of the crying needs of the women labour force, and for women's economic and political empowerment and participation at all levels. Childcare services to free young caregivers — usually siblings, and most often girls, to attend school, is critical to achieving the goal of universal primary education. Unless it is acknowledged that children, women and older siblings are key stakeholders, there is little hope that the diverse needs of children and women will be met in the next decade. (Box 5 shows the needs of different client groups, the present coverage and the gaps in services.)

Whose responsibility?

The proper care of children is no longer the sole responsibility of the family alone. Governments have increasingly to recognise their role in this planned process of ensuring environments that foster a generation of young children. While the state may not be able to provide all services to all sections of stakeholders directly, it is the responsibility of the state to ensure that quality services are available to the most needy sections. How do existing policies relating to maternity and childcare services fare when reviewed in the light of this understanding?

Policy statements

Apart from what is generally stated in Plan documents, and statements made at the time of the introduction of the Noon Meals Programme, successive governments in Tamil Nadu had not made any comprehensive policy announcements in the area of child welfare/development till 1993. The State Plan of Action that was developed in 1993, though a fairly comprehensive document, came under criticism, as the democratic procedure for policy making, namely, wide circulation and dis-

(...P18)

Box 5 Situational assessment

Client groups	Needs	Coverage and gaps
Children under three years	Care to ensure physical, motor, psycho-social and cognitive development in an enabling micro and macro environment; Health and nutrition services including growth monitoring, immunisation and referral services. Day care for children of working mothers in a safe and stimulating environment supporting growth and development.	Health and nutrition services provided through TINP and ICDS centres. Nagappatinam ICDS Project alone taken up for pilot initiative holistic development of on children under three. Wide gap in day-care services that are needed to help working mothers in both organised and unorganised sectors. Focus in TINP and ICDS for under threes is still on health and nutrition and very little has been done for psycho-social and cognitive development, or parent education. Some urban areas and rural pockets not covered even for health and nutrition services under TINP/ICDS. Innovative home- based strategies needed.
Children 3-6 years	Care to ensure physical, motor, psycho-social and cognitive development in an organised environment. Health and nutrition ser-	Around 28,600 centres under TINP and ICDS provide ECE services to children. There is no clear information on the number and nature of private nursery schools or those run by NGOs without government assistance. Health and

	vices including growth monitoring, immunisation and referral services and day care for children of working mothers.	nutrition services are not available in all of these. Many of them operate for six hours or more. There is wide coverage, though quality in both private and public sectors needs improvement. Some pockets in remote areas are uncovered and access to ECE centres for children in these areas is difficult.
Girls of school – going age who take care of younger siblings	Day-care services for young children to relieve girls to attend school	Day-care services for young children to relieve girls to attend school. Day-care for young children under three is absent in most areas, while children 3-5+ are taken care of for part of the day in TINP/ICDS centres. When centres are run without proper buildings, even this day care gets restricted.
Pregnant and nursing women	Health and nutrition services for pregnant and nursing mothers. Education on childcare covering all aspects of early childhood development and parents' role.	Coverage for primary health care during pregnancy is fairly extensive and institutional deliveries are reported to be around 75%. Access to education on childcare is limited.
Working mothers	Maternity leave (wage protection) for at least 4-6 months after delivery and support services for breastfeeding. Day-care for infants and preschool children	Maternity leave benefits only 10% of the female work force while crèches at the work place are very few. Women in the unorganised sectors are almost entirely dependent on their families for support to childcare as the number of crèches serving this category is very small.

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cussion with people and institutions across the State had been short–circuited. Further, the 15–point Programme in the name of the then Chief Minister Dr. J. Jayalalitha that was announced following the formulation of the State Plan of Action, was only a re-affirmation of sectoral goals. Existing programmes were put together under a new banner, with no significant allocation of funds other than what had already been committed to various ongoing programmes for child welfare and development in many Government departments. While the process of inter-sectoral planning followed for the preparation of the State Plan of Action and District Plans of Action, brought the different line departments together for the first time, to look at child development holistically, the impact varied, depending on the degree of commitment shown by the various district administrations. With the change of government, in mid - 1996, the importance given to the 15 - point Programme as a multi-sectoral effort dwindled, and the departments continue with their sectoral policies and goals. The general claim is that the post-1996 scenario does not adversely affect any of the childcare services, as the 15 - point Programme was anyway only a reaffirmation of departmental commitments for child welfare and development.

From intent to action

A 'government policy' is certainly not merely a single line statement of the government's intent of ensuring that "all children have access to develop their full potential as human beings." Statements like these have been made from time to time by nearly all governments in power. Yet, for a majority of children, the reality of the situation today remains no different from what it was for earlier generations. The gap between the intent and actions of the government in the area of child welfare and development in the State can be attributed to a number of reasons — including varying degrees of political will and commitment, lack of adequate consultation during the process of policy formulation, lack of initiative on the part of the educated sections to influence social policies, reactive rather than proactive attitudes of professional organisations, and lack of sound research data as the basis for policy formulation (Paul, 1994). Well-defined objectives, goals, strategies, and programmes for implementation, with sufficient allocation of funds for various services and activities are needed to translate policy into action. Without these elements a policy statement does not become a tool for tackling developmental issues.

Unaddressed issues

The State Plan (SPA) of Action has also been criticised as inadequate in addressing issues related to policies and support services needed by women to perform their childbearing and rearing roles. The SPA is also weak in addressing issues related to early child development services in the State, including the mushrooming of nursery schools and the pressures on the preschool child. The State Plan of Action was not presented to the cabinet as a policy document nor was it discussed in the Legislative Assembly. This brings one to the inference that

while there are statements of intent in areas relating to child welfare, and some sectoral goals, there is no comprehensive policy covering all issues that affect child welfare and development. Even these statements of intent are not supported by adequate resource allocations, strategic directions and quality considerations, so as to make any appreciable impact on the lives of millions of disadvantaged children in the State.

Some contradictions

Maternity benefits are guaranteed to women in the organised sector by the Maternity Benefit Act (1961) and by the provisions in the Employees State Insurance Act (1948). The legislation allows for a total of 12 weeks of paid leave both before delivery and after, to enable mothers to stay with the infant and to breastfeed during the first few weeks after birth. Besides, there are also certain guarantees on working conditions and nursing breaks. Even if a mother does not utilise maternity leave before delivery, which will be rare, considering that she will need some rest during the last weeks of pregnancy, the provisions fall far short of the four to six months recommended for exclusive breastfeeding. Recognising this, and with the intention of providing support to mothers to breastfeed, the Governments of West Bengal and Maharashtra have extended the period of maternity leave to four months and the Governments of Haryana and Punjab to six months for Government employees. (Swaminathan, 1994). At the same time, the Infant Milk Substitutes Act (1994) places severe restrictions on the advertisement and promotion of breastmilk substitutes. Thus the laws and policies related to the promotion of breastfeeding, and the provisions of the Maternity Benefit Act contradict each other. Other limitations of the Acts include the stipulation of a minimum number of ten women employees in the establishment, eligibility period of 80 days which can be exploited by employers of illiterate workers, denial of benefits in case of adoption, etc. Many organisations concerned with the welfare of women have been lobbying for correction of these anomalies. Most importantly, there is no policy to provide maternity benefits or support for breastfeeding to women in the unorganised sector, who constitute 90% of the female labour force.

Diverse unmet needs

While there is a diversity of needs for childcare services, related to different areas, the needs of each group are not being met to the same extent.

While preschool education, though in need of much quality improvement, is available to a majority of children in the State through the network of child welfare centres under ICDS/TINP, some of the intersecting needs of women, girls and young children have been neglected for long, and others only partially responded to, with severe consequences for the poor, who constitute more than a third of the population (Swaminathan, 1991).

Women's needs

One of the pioneering studies on the childcare strategies of women working

in the unorganised sector in Tamil Nadu, comprising 89% of the women work force, vividly records the near absence of day care facilities for children under two years and the various coping strategies adopted by these women in different occupations (Arulraj and Samuel, 1995). The study clearly brings out the pressing need for day care among these women. The plight of women in the organised sector may seem better, going by the various Acts that mandate establishment of crèches at work spots, but in reality many employers evade this responsibility, taking advantage of various loopholes in the law. It has also been noted that implementation of laws relating to crèches is weak and faulty because the traditionally male - oriented trade unions in the organised sector do not take this up as a serious issue [Swaminathan 1993]. Moreover, the legislation does not cover women working in the tertiary sector (services, trade and professions) including Government and public sector employees. The legislation here too, as in the case of maternity support, needs to be reviewed in the context of a more comprehensive policy approach.

The girl child

Young girls, who in most poor households work as full-time child caretakers when mothers are away to ensure the family livelihood, are denied school education and hence lose out on opportunities to move out of the illiteracy-unemployment-poverty cycle. The study by Arulraj and Samuel (1995) found that children under two years and less who were left with siblings, constituted 58%, while 46% of all sibling caregivers were in the age group 4-8 years. A study on the preschool education component by the Directorate of Teacher Education, Research and Training (DTERT, 1995) reports that the enrolment of girls was 50% in the 0-3 years age group for project services, dropping to 39.5% in the age group of 3-6 years. The drop is attributed to the household duties the young girls have to share including care of younger siblings. In rural, urban and tribal areas of the State, even the percentage of girls attending preschool in the age group of 3-6 year was found to be lower than that of boys. (DTERT, ibid.)

Under threes

It is Tamil Nadu's unique achievement that nearly 18 lakhs children under three years of age-comprising of more than two-thirds of all children in this age group are covered for growth monitoring and health services under TINP and ICDS. The outcome is commendable as severe malnutrition in project areas is now reported to be less than 1% and moderate malnutrition less than 12%. Yet day-care services for children under three remain far from adequate.

Even in the voluntary sector, the crèches run by the voluntary agencies have very few children under two years of age in day-care. The need for day-care facilities for children under two has been articulated in many forums; the persistent gap seems to stem from the reluctance of the State government to address this issue. The difficulties that go with organising day-care for very young children and the finances required for providing this fa-

cility on a large scale seem to prevent the State government taking the lead to ensure provision of this vital support service to women.

Innovative home-based strategies are needed to break the deadlock. The State cannot and should not absolve itself of the responsibility to ensure that quality childcare services are available to the vast majority of women in the unorganised sector. The suggestion for a Maternity and Childcare Fund to which all employers have to contribute, irrespective of the number of women they employ, has also not received the positive consideration it deserves, in spite of several reports recommending this option. New and imaginative options, both financial and organisational, must be explored to develop a broader policy framework that encompasses the needs of all the stakeholders.

IMPLEMENTATION ISSUES 5

Many issues in implementation of ICDS and TINP have come up over the years and it is to be expected that such large-scale efforts will have problems. A number of innovative experiments have been made to overcome some of these problems, but efforts to draw lessons and disseminate them in order to motivate replication of successful innovations on a larger scale have been somewhat lacking. Most of the problems are common to ICDS and TINP and even to the statutory and voluntary sectors, though in varying degrees.

Community participation

The ICDS programme since its inception in 1975 has seen a tremendous expansion in coverage and depth of services at the national level. In Tamil Nadu, though the expansion of ICDS per se has been limited, all blocks are already covered either by ICDS or TINP. At State level, ICDS has largely remained a centrally directed initiative though the introduction of TINP I and the Noon Meals Programme have had both positive and negative influences on it. Most important of these positive influences was that when ICDS was expanded after 1982, the supplementary nutrition component for preschool children was already in place, and the logistics of food procurement and supply well taken care of because of the Noon Meals Programme. Only the quality dimensions of the programme needed to be tackled. Thus, technically ICDS projects (and many of the TINP II blocks) in Tamil Nadu became 'operational' within the shortest possible time, defining 'operational' in terms of centres opened, workers in position and supplementary nutrition provided.

The dark side

The other side of the coin was that the centres were started ***before*** and not ***after*** the communities were mobilised and demand for services generated. The centres came into existence almost overnight as part of the Noon Meals Programme, to which a major part of the State's manpower and resources were routed due to the will and commitment of the then Chief Minister. This led to ICDS being looked at from the very beginning as a government programme, and never as a community's programme, or as an answer to a felt need for childcare services, thus striking at the very roots of the developmental philosophy of participative problem analysis, planning and community involvement. ICDS also had to inherit the legacy of the Noon Meals workers, many of whom were not residents of the communities the centres were intended to serve. Thus two of the most important requisites for community participation viz., a local worker and community mobilisation during the initial project phase, have not been fulfilled, and

childcare services in the State continue to pay a high price till now for these lapses.

Community participation is also linked to various other issues like lack of decentralised planning, inadequate training in skills in community organisation and participatory planning techniques, which are discussed later. But one point that needs mention here is that the dynamics of community participation are not well understood, and clear process objectives, measurable outputs and outcomes for community participation have not been identified at the planning stage. For example, the objectives of TINP II related to community participation did not get elaborated at the strategy/activity identification stage. Projects tend to focus on a service delivery approach, and even the regular attendance of children at the centre or mothers arriving at the centre to receive the supplementary food, tend to be equated with community participation! This problem of participation also plagues the NGO run crèches. The attitude of the crèche workers towards the community and the parents they serve have been noted to be not very helpful in this regard (Paul 1995).

Community capacity building

True community participation leading to 'ownership' of the programmes can become a reality only if the capacity of the community to assess the situation, identify priorities, analyse resources available, and decide on interventions, is consciously built up. What is needed is a catalytic force that can motivate the community and help it to sustain its actions. Childcare services today are not moving in this direction, though there may be examples of beginnings made in a few areas. Unless the government decides to provide strategic direction to meet the challenge of community capacity building, the chances of the programme becoming a people's programme even by the next decade are remote. Failure to make the effort can be dangerous, as increased government assistance can ultimately reduce a community's capacity for self-reliance (Gopalan 1996).

Considering the heterogeneity of the village communities in the State, and the divergent forces in city slums, community capacity building and participation are more easily said than done. It is also very difficult to prescribe a set of activities that will eventually lead to community 'ownership' in all communities, as this is a dynamic process with constant interaction between the community and the facilitator and cannot be encapsulated into a set of pre-determined activities. NGO experiments in community capacity building and participation, even where successful, are limited in coverage and mostly driven by strong motivated individuals providing leadership at all levels. Yet this does not mean that this is not "do-able".

Decentralised planning and fostering creativity, following clear signals from top level management, can certainly change the current stalemate. The self-help group approach adopted in many other projects and in some of the ICDS and TINP areas offer a starting point. But before venturing

into this area of community capacity building and participation, it may be worthwhile to anticipate the conflicts and threats that are likely to arise from this approach in order to find bold solutions.

Solution or threat?

An example that is relevant at this point is one in which ICDS did a commendable job of linking up with an NGO to innovate a model for community participation in Morappur. The trainers had undergone an intense trainer development programme with the keen involvement of the NGO, and the ICDS project in Dharmapuri district was chosen for this experiment that would help evolve a model that could later be replicated in other areas. It involved training to mothers of children, formation of women's self-help groups, registering these groups and enabling them to undertake activities for development including thrift and credit operations, training and motivating these 'sangams' to run the ICDS centres and forming a federation of registered 'sangams' at Block level to run the project, besides undertaking other developmental activities for women. The enthusiasm generated resulted in a plan that could have ensured community capacity building and ultimately total 'ownership' of the project by the community structure created for managing the project. But this pilot project failed to take off after a certain stage, mainly due to failure to tackle the 'threat' perceived by project functionaries.

Such threats often arise out of the fear that the community, once it starts 'owning' the programme, will be the new masters of the functionaries hitherto protected by the rubric of 'government service', and that undesirable elements in the community may be waiting to create problems for the workers. Lack of trust and unwillingness to change assumptions about each other is at the root of these conflicts, and changing these perceptions of the functionaries and the community has tremendous implications for training. To develop the skills to handle such situations, training programmes have to shift their focus from the current cognitive dimension to the affective dimension.

Gaps in coverage

All Blocks are technically covered by ICDS or TINP. But over 5000 habitations are not reached by some or all of the services currently provided under either of these programmes. The main hindrance is the mind-set, which is focused on the model of a government-run centre with two workers and one or two helpers providing these services as the only possibility. The population in these hamlets, and the number of available children needing these services, are considered too small to be cost-effective with such a pattern. Many of these hamlets in TINP areas are considered "covered", if growth monitoring services and distribution of supplementary food for children under three take place. Food distribution is effected usually by entrusting daily distribution to an agency working in the hamlet, or through direct weekly distribution to the mothers. Because of the low priority placed on the psychosocial needs of children, and the em-

phasis on a centre-based model for preschool activities, such children are deprived of the opportunity for developmental / play activities needed to realise their full human potential. Alternate home-based models for early child development are available to learn from and adapt for use in villages/hamlets where a centre-based model is not feasible. Initiatives in this direction are needed so that all disadvantaged children, irrespective of the size of the habitation they live in, benefit from the ECD programme.

Infrastructural inadequacies

The investment made by the State government at the time it started the Noon Meals Programme to create an infrastructure for service delivery was considerable, but over the years this infrastructure has been eroded as a result of poor maintenance. Unsuitable locations and apathy of the community have left many of these structures in disuse and unsafe for children. There are other deficiencies, like lack of outdoor space and play materials for children, lack of mats for children to rest, insufficient storage space, water and toilets. Most of the buildings, for example, are designed to have windows at more than double the height of children, giving them very little view of the outside world during the time they are at the centre. Added to these inadequacies, the unclean surroundings around many of the centres and smoke from the cooking ovens, make most of the centres a health hazard for children and certainly not 'child-friendly'.

Worker motivation

The major element in any service delivery is the human being who delivers the services. Yet the centrality of the childcare worker in this programme has been little recognised or appreciated. Poor quality of services is often attributed to the poor performance of the workers. While service delivery in ICDS/TINP was originally conceived as requiring no more than just a few hours of work every day by a local volunteer, in reality the actual tasks that are required to be carried out take a full day's work from these women, and the compensation they receive is lower than what is stipulated even as Minimum Wages for unskilled labour. In terms of number of work-

Table 4 Number of childcare workers in different programmes

Programme	*No. of CWO/AWW/CNW*	*No. of helpers*
ICDS	14,578	10,559
TINP	38,024	43,535
Aided Crèches	*3,000	-
Total	55,602	54,094

* *Figures are approximate, based on three workers (crèche workers and/or helpers) for each crèche.*

Source: Department of Social Welfare, Tamil Nadu

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ers, Tamil Nadu has the highest percentage of childcare workers in India. The number of workers and helpers in schemes for children under 6 years is given in Table 4. If one adds the number of crèche workers in the unaided and private sectors, the State may have well over 60,000 workers and an equally impressive number of helpers.

Tamil Nadu is perhaps the first State to introduce a scale of pay for these workers, moving away from the concept of a fixed honorarium insensitive to inflationary trends. This has been possible because of the collective bargaining strength of the unions, to which most of the childcare workers and Noon Meals workers and helpers (in schools) belong. Some social security measures have also been introduced for them recently. In spite of these gains, the pay scales are low and are the main cause for discontent among the workers, along with poor working conditions and lack of benefits. The supervision of workers is most often an exercise in fault-finding rather than supportive. Absence of vertical training programmes involving the programme managers, supervisors and workers together has led to a lack of shared perceptions and goals. Coupled with this, the near absence of community involvement has led to deterioration in the level of accountability of the workers to the community.

Overlap and wastage

ICDS and TINP centres do not co-exist in the same village, or even in the same Block, and hence there is no overlap at grassroots level. But at the district level, there is overlap and wastage as the ICDS and TINP district offices function independently of each other. If these projects can be administered by one single set of district functionaries, enough manpower will be saved for innovations in community capacity building and training. The strengths of TINP in communications can also be used effectively to improve communications activities in the ICDS blocks. At the State level, merger of these projects can solve several issues in worker management as well as problems of trained staff moving in and out of the two companion projects.

Different guidelines are issued for the two projects and there are differences at the service delivery level which seem illogical, given that the needs of children and mothers served by both projects are not fundamentally different. For instance, children under three in TINP areas receive only the precooked supplementary food and are admitted to preschool only on completion of 3 years, while in ICDS areas, children above two are in preschool and receive the noon meal. Pregnant and nursing mothers in TINP areas have to receive their supplementary food at the centre every day, while in ICDS it is usually given as a weekly dry ration.

Of course, there can and should be different approaches for service delivery, if it is to meet the diverse needs of the stakeholders. For instance, in villages where many children in the age group of 2-3 years are in need of day care, programme flexibility should allow the worker to take in this age group if she can cater to their develop-

mental needs. She should have the option of arranging with mothers of these children to help her on a rotational basis. Similarly, in areas where pregnant women have to either walk long distances to reach the centre for getting their daily ration or where the work of these women keeps them away from their villages at the time the centres are open, a strategy of weekly distribution of dry rations would be a better option. But it does not make sense to have these strategies differ merely because a village is served by ICDS or TINP.

Decentralisation

For more than two decades Tamil Nadu did not have elected bodies for local self-governance. This has finally become a reality only after the recent panchayat and municipality elections. Devolution of powers for managing development projects at local level is yet to be completed, though the responsibility for these developmental activities now rests with the local body, according to the Tamil Nadu Panchayat Act following the constitutional amendments on Panchayati Raj. Understandably, the participation of local bodies in planning and implementation of childcare services has been almost nil during the last two decades.

The other dimension to decentralisation is the involvement of the functionaries/service providers themselves in planning childcare services to suit the specific needs of stakeholders in the project areas they serve. Unfortunately, like most government-run programmes, childcare services are also implemented with a top-down approach, the actual implementors at grassroots level hardly participating in the planning process.

It cannot be denied that in large-scale government programmes, the guidelines and instructions for implementation from the department headquarters provide the much- needed 'pull and push' effect. Without these guidelines and instructions, it is not possible to move these programmes to scale. In these circumstances, the decentralisation process needs to be looked at as a continuum - moving from centralised guidelines at the beginning of the programme to a decentralised model, where the grassroots level implementors and stakeholders are able identify issues, plan and implement the programme. For this to happen, the need for decentralisation has to be accepted in principle, and the capacities of staff at all level, strengthened to support decentralised planning and implementation. Training and capacity building for other stakeholders, like the elected members of the local bodies and community groups such as women's groups, is critical for decentralisation.

Intersectoral coordination

All services related to child development do not rest with a single government department but are compartmentalised into a number of departments- Health, Education, Social Welfare, Rural Development, Water Board etc. Many studies have shown that lack of inter-sectoral coordination has led to many of the ser-

vices being rendered to beneficiaries without synergy, thus reducing their impact overall. Coordination of childcare services with the Health Department has shown improvement over the years, but does not happen with the same degree of success in all districts or even in all the blocks in the same district. The multifarious tasks of the Village Health Nurse and the inadequate infrastructure for referral services are often cited as important reasons for the poor response of health functionaries to the health needs of children in the ICDS/TINP centres. The leadership of the Medical Officer of the PHC is an important factor in ensuring that health and nutrition services are coordinated at the field level. A very high attrition rate among the Medical Officers makes it difficult to build effective teams at Block level for integrated service delivery. The village-level childcare worker has all the information needed to identify the most needy families for many of the welfare programmes, yet this information is seldom used by the developmental agencies to target benefits of the various poverty alleviation programmes to the most needy. Some motivated individuals among service providers, Block and district officials do strive to bring about better coordination. But their efforts cannot be sustained in the absence of systems to ensure effective inter-sectoral coordination at every level.

Training

Most workers in ICDS and TINP have received initial job training, and perhaps some refresher training. The main issue in training is the persisting gap between knowledge and practice, affecting the quality of services rendered. There are two main reasons for this. First, the training, even when skill-oriented, touches only the cognitive domain of learning and does little to change attitudes and behaviours, which lie in the affective domain. Linked to this is the second reason, the lack of an enabling environment for functionaries at various levels to carry out new and innovative activities. The motivation level built up during training programmes drops drastically at field level, when functionaries are faced with unhelpful supervisors and inspecting officials. The involvement of NGOs and academic institutions has been ad hoc and often they have been unable to solve problems related to bureaucracy. Participatory training approaches that help trainees to reflect on the attitudinal and behavioural aspects, and vertical training sessions that involve functionaries of the same project but at different hierarchical levels, can help to bridge gaps between knowledge and practice.

While most training programmes are organised at the Block level and by trainers at that level, training needs assessment, curriculum development and planning for training have been more centralised. What is required now is to move consciously towards empowering teams at district and Block levels to plan and implement their own need-based training programmes. The need for centralised guidelines and 'pull and push' from the State level officers should be carefully balanced with the need for greater decentralisation in training management.

Training of preschool teachers engaged by the private sector nursery schools received a blow in the last few years as the recognised teacher training schools for preschool teachers in the State were closed down. The teachers employed by these private nursery schools have very little training on organising developmental activities for children and mostly resort to formal teaching of the three Rs.

Accountability

Decentralisation and community participation strengthen accountability in public services; but given the current level of these two key programme aspects, accountability in childcare services presently is at a very low level. The near monopoly of government-run childcare centres and the limited capacity of the communities to either demand or monitor good performance, make improvement of accountability in childcare services a complex and difficult task. This can be achieved only by initiating and continuously monitoring a series of steps to strengthen community participation and 'ownership' of programmes.

THE CHALLENGE AHEAD 6

The present scenario in childcare services in Tamil Nadu, though not fully satisfactory in meeting the diverse needs of all stakeholders, yet is perhaps one of the best in the country in terms of geographical spread and number of children reached. The State is also generally credited with a strong administration and the bureaucratic will required to carry out difficult, yet challenging tasks in many areas of developmental activities. From an analysis of ***what*** - the achievements, the problems, and the possible solutions, it is time to move on to the next critical question of ***how*** to build on present strengths and move forward. It is clear that there are no simple answers, nor one single answer to fit all situations. What is needed now is a strong drive both for quality improvement in existing services, and to meet the unmet needs of stakeholders. How can this be done? What are the processes that have yielded sustainable results, and how can they be institutionalised?

Total Quality Management (TQM)

TQM is a style of working, as well as the goal towards which the corporate sector committed to excellence is moving. Reducing defects, improving productivity, improving customer service, and innovation, are considered four essentials of quality, and TQM helps to achieve these by involving the entire work force in the process. The crisis facing the social sector in the State today is a crisis of quality, and there is every reason to believe that a sincere attempt to understand TQM and apply it to public services will help to solve some of the issues in the implementation of childcare services Statewide. It is difficult, perhaps impossible, to achieve total quality; yet there is a need to strive to reach as close to the goal as possible.

The first step in moving towards quality improvement is undoubtedly understanding and defining quality. It has been increasingly realised that ***quality*** in Early Child Development Programmes is a relative term; there are no absolute norms or models that are universally applicable, while at the same time quality is not arbitrary. Woodhead (1996) raises important questions on defining quality in large-scale programmes for young disadvantaged children. He points out that quality issues in ECD programmes in developing countries are different from the quality issues facing the materially affluent, industrialised Western societies and ECD programmes have to be both developmentally and contextually appropriate.

Further, TQM is not just about the quality of the service provided to the children; it is also about the quality of each one of the processes involved, the quality of the team work, of the attitude of the management

and the staff, and each one of the outputs of the programme. This means that quality cannot be defined by a centrally functioning agency for all aspects of the programme. All functionaries in the programme – from the top management to the grassroots level workers and the people (the customers, in the traditional corporate management parlance) and their perceptions, affect both the process and the product. It follows that quality is a subjective and dynamic judgement. It becomes a negotiated and not a prescribed standard, changing over time to reflect improved understanding of the issues by the different stakeholders, responding to the real needs of the parents and the children. For instance, in areas where adequate basic care including health, nutrition and security is already provided to children, quality indicators of psycho-social and educational aspects may be added and perhaps replace some of the indicators of basic care.

Many conceptual frameworks for quality development are available to be modified and used, but none can serve its true purpose if the process does not involve the stakeholders.

Stakeholder participation

One of the main principles of TQM places the customer at the centre of all activities, with customer satisfaction as a quality indicator for the management. The problem with public services is that the customer, often referred to as the 'beneficiary', is placed at the receiving end and is not part of the management and decision-making team. With increased understanding of the process of development and the role of the people, the term 'beneficiary' is being slowly replaced by that of 'stakeholder', implying more 'voice' and an active role for the communities.

There are two kinds of stakeholders in development programmes. The external stakeholders are the children, the families (especially women and caregivers), the communities and the elected representatives, while the internal stakeholders are the functionaries of the programme at the administrative and field levels. Participation of both kinds of stakeholders are essential and should be central to quality improvements. Both are heterogeneous in nature and may not share a unified perspective of goals and values, which makes stakeholder participation all the more complex and difficult. Yet many of these problems can be solved through *decentralisation, and building consensus on the short and long term goals.*

Continuous dialogue and assessment are essential for developing shared perspectives and goals. Stakeholders must have the freedom and flexibility to set goals and work towards meeting their diverse needs. This will help to prevent dilution over time and relapse into passive roles by stakeholders. The responsibility of the project management in the government will be to build the capacities of both the internal and external stakeholders for meaningful participation. The long-term goal must be for community structures to eventually take up management of childcare services, with support from the government. Such a facilitating and supporting role is a more challenging task to the gov-

ernment than the centralised kind of implementation being done at present.

Indicators of participation

When programmes move to meet new challenges in stakeholder participation, it is necessary that participation is measured, monitored and improved to the satisfaction of all stakeholders. It is very difficult to prescribe or to define the indicators for participation as such a step will be totally against the philosophy of participation itself. Indicators of participation will have to be developed as part of the process of identifying shared goals and perspectives. Yet it can be said with certainty that if the source of the programme initiative comes from the stakeholders, if the programme design is responsive to their needs and is flexible, if the stakeholders are involved in decision-making and monitoring, and if stakeholders (parents and communities) continue to contribute to the programme through their involvement, the programme is participatory. While institutionalising arrangements for stakeholder participation, like setting up village and Block level monitoring committees consisting of stakeholders- users, elected representatives and functionaries, - defining their roles, decision-making powers, and responsibilities is essential. The stakeholder groups must be allowed to define indicators themselves for their participation and be facilitated by the managers at various levels to achieve this.

Empowerment and accountability

Empowering all stakeholders to reach agreed goals, and setting up systems to strengthen accountability within teams, and between internal and external stakeholders, are both critical to the success of quality improvement efforts. The process of empowering involves training as well as the creation of an enabling environment. Training for project functionaries will have to focus on attitudes, behaviours, creativity and team building, apart from planning, decision-making and management skills. Joint training of internal and external stakeholders at various interfaces will help to build mutual understanding and trust, while attitudinal surveys can help to prioritise needs and set benchmarks.

'Exit' and 'Voice'

Oftentimes, communities put up with low quality of childcare services as they have no other options. The communities' willingness and ability to 'exit' gets strengthened if there is competition, and services are available at affordable costs from different sources. Accountability too suffers if the programme design does not provide for a strong 'voice' for the communities (Paul 1991). Many of the childcare services like health, nutrition and ECE services fit into a medium-to-low 'exit' and weak 'voice' combination. Options for strengthening the 'exit' mechanisms in childcare services will include facilitating more private childcare providers to offer quality services, contracting out services to be provided by NGOs, use of vouchers and grants to people who need special support and allowing them to choose their service providers, etc. Use of 'exit' mechanism by families in the case of preschools is already evident in

urban and peri-urban areas, where families are prepared to pay fees and send their children to private "nursery schools". But the sad truth is that the quality of ECE is far from satisfactory in these private nursery schools. The State government has the responsibility of ensuring the quality of these 'exit' options.

Since 'exit' options are limited, 'voice' mechanisms need to be strengthened. Participation in decision-making, involvement of community organisations and NGOs, local committees, public surveys/evaluations, are some of the 'voice' mechanisms that can be strengthened. Both 'exit' and 'voice' can be strengthened only when there is dissemination of information and people's right to information is respected and facilitated. Communicating to functionaries is equally important, as poor communications is often the root cause of many staff problems and dissatisfaction. It is only then that 'voice' can be heard and dialogue initiated for making corrections and improving quality.

Learning from innovations

The present State-sponsored childcare programmes seem to depend heavily on a uniform model of a centre-based service delivery approach. Wherever this approach is not feasible, either due to the remoteness of the habitations or the small size of the population, the area remains uncovered. On the other hand, in the non-government sectors, there are many small-scale innovative programmes that have exhibited more sensitivity to the needs of the population they serve. A number of these have been well documented (MSSRF 1995a). The Mobile Crèches for construction workers in Delhi, SEWA's (Self Employed Women's Association, Ahmedabad) crèches for women tobacco workers, the community preschools of the Palmyrah Workers' Development Society in Kanyakumari district, the Mahila Samakhya's efforts in Gujarat - all have lessons to offer on the processes of establishing meaningful quality programmes. Disseminating information on such innovations will be a useful first step towards kindling the creativity of project staff. The ICDS/TINP staff in each project area must be assisted to move beyond thinking of their roles narrowly, as merely supervising the feeding centres, to taking leadership in assessing childcare needs of different stakeholders in their areas and finding solutions to meet these needs. A vision of what is possible is needed, as well as how to achieve it.

Building partnerships

In retrospect, the government as the chief provider of childcare services, has been walking alone on a long and difficult path, partly due to rapid expansion at a time when development programmes were equated with welfare measures. The philosophy of centralised planning and implementation dominated development thinking, while successive governments had a political stake in projecting the government as the sole provider of services. No doubt there has been a positive side to this, as the concept of organised childcare has come to stay

throughout the length and breadth of this State. Now is the time for the government to take on more partners in the efforts needed to strengthen quality and bridge gaps, since Government alone can not achieve the goal on its own.

Involving NGOs

NGOs' unique capacity for service delivery, and their flexibility in responding to people's changing needs and demands, especially in the areas of childcare, literacy, health and women's development are well known. Partnership between Government and NGOs offers opportunities for synergy and progress towards sustainable development. A model of a four-cornered partnership among Government, NGOs, communities and local governments has been suggested (MSSRF, 1996b) but needs to be developed and tested step by step.

The role of government in this context is to empower NGOs and improve their capacity to network with other NGOs as well as government functionaries. Trust and flexibility have been identified as essential elements of successful partnership. This should cover policy development, analysis, programme development and implementation, especially in the areas of community capacity building and participatory methodologies. The primary objective of the partnership should be to strengthen community structures that will eventually take over day-to-day management of childcare services with support from the government.

Hope in dialogue

Planning processes and cycles must be revised to give local governments and communities their place in development, and conscious efforts will be needed to build the capacities of local governments and community groups, especially women, who are major stakeholders in childcare services. There is also an apprehension that in the name of decentralisation and stakeholder participation, the State government may absolve itself of the responsibility for childcare. This fear can be removed only by strengthening the dialogue among the partners, redefining and clarifying the roles of each. As David Morley has rightly said, "The Child's name is Today". The child is waiting for our action from dawn; let us act while the ray of hope still lingers.

Annexure

Number of institutions and crèches receiving grants-in-aid from Central Social Welfare Board-1995-96.

District	No of institutions	No of crèches
Chengalpattu (composite)	8	11
Chennai	30	214
Coimbatore	8	16
Cadalur	8	13
Dharmapuri	14	22
Dindigul	11	44
Erode	3	9
Kanyakumari	67	105
Madurai	13	38
Vellore	9	27
Nagappatinam	17	29
Nellai	13	48
Nilgiris	1	10
Pudukottai	13	24
Ramnad	3	23
Salem	9	16
Sivagangai	9	16
Tanjavur	26	50
Tiruvannamalai	2	7
Trichy	24	59
Tuticorin	11	37
Vilupuram	3	3
Virudunagar	5	7
Total	307	828

Source: State Social Welfare Board, 1997

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"Young children are a precious gift. Early childhood is a special time. Through the care and education of young children, a society constructs and reconstructs community and economy, ensures continuity of tradition between generations and makes innovation and transformation possible. But human immaturity is not just a resource – it is also a responsibility."

MARIAN WRIGHT EDELMAN

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